



New Jersey Department of Children and Families Policy Manual

Manual:	OOE	Office of Education	Effective Date:
Volume:	I	Office of Education	
Chapter:	A	Office of Education	3-25-1997 rev. 8-12-2009
Subchapter:	1	Office of Education	
Issuance:	31	Management of Body Fluids	Revised:

SUBJECT: Universal Precautions, Infection Control, Bloodborne Pathogens and Post-Exposure Management in Department of Children and Families (DCF) Regional Schools

EFFECTIVE DATE: March 25, 1997

REVISED: August 12, 2009

A. OBJECTIVES

To establish procedures for handling blood and body fluids to minimize the risk of exposure to blood and other potentially infectious materials for staff, students and infants/toddlers in Department of Children and Families (DCF) Regional Schools.

To establish infection control procedures to minimize the transmission of contagious diseases.

To establish post-exposure management procedures which shall be utilized in the event a student, infant/toddler or staff person is exposed to blood or other potentially infectious materials.

B. STANDARDS

1. All staff, interns, students and volunteers in DCF Regional Schools shall be considered "potentially at-risk" for exposure to blood or other potentially infectious materials and shall adhere to the procedures in this policy which reflect current practices and guidelines as established by the following authorities:

- a. The procedures in this policy regarding sanitation and hygiene when handling blood or body fluids are consistent with the Center for Disease Control Guidelines, "Recommendations for Prevention of HIV Transmission in Health Care Settings"; from MMWR Supplement, August, 21, 1987 /36(SU02), "Update: Universal Precautions for Prevention of Immunodeficiency Virus, Hepatitis B Virus and Other Bloodborne Pathogens in Health Care Settings"; from MMWR, June 24, 1988, Vol. 37, No. 24, pp. 377-388; and the updated Fact Sheet 1996, "Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections."
 - b. The procedures in this policy regarding infection control techniques are consistent with the Center for Disease Control and Prevention (CDC) guidelines for controlling the spread of infection.
 - c. The exposure control techniques and post-exposure management procedures in this policy are consistent with the Occupational Safety and Health Administration's (OSHA) Safety and Health Standards for Occupational Exposure to Bloodborne Pathogens.
2. Staff and students in DCF Regional Schools shall consider all blood and body fluids as potentially infected by the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or other bloodborne pathogens and shall consistently handle and dispose of potentially contaminated materials in accordance with this policy.
 3. The personnel at DCF Regional Schools shall be given the appropriate supplies and personal protective equipment for the handling of blood and body fluids and shall annually be provided training about the proper procedures for implementing universal precautions and infection control and prevention.
 4. All staff in the DCF Regional Schools shall routinely exercise appropriate hand washing techniques.

C. DEFINITION

1. "Universal precautions," as defined by the Centers for Disease Control and Prevention, are a set of precautions designed to prevent the transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids are considered potentially infectious for HIV, HBV, HCV and other bloodborne pathogens. Universal precautions involve the use of protective barriers, such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of

exposure of the health-care worker's skin or mucous membranes to potentially infective materials.

2. "Infection Control" means all efforts which support the prevention and control the spread of illness and disease.

D. PROCEDURES: Universal Precautions/Infection Control

1. All body fluids, including those in which differentiation between body fluid types is difficult or impossible, shall be handled as potentially infectious agents.
 - a. Body fluids include: blood, semen, drainage from scrapes and cuts, vaginal secretions, saliva, amniotic fluid and any other body fluid visibly contaminated with blood.
 - b. Feces, nasal secretions, sputum, sweat, tears, urine and vomitus have not been documented in HIV, HBV or HCV transmission unless visibly contaminated with blood.
2. No student shall be allowed to handle blood, urine, stool or vomitus.
3. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluid.
 - a. Splashes to the nose, mouth or other skin areas shall be flushed with water.
 - b. Splashes to eyes shall be treated by irrigating the eyes with clean water, saline or sterile fluid approved for use in the eyes.
4. Any articles of clothing, including bibs, smocks and aprons, which have been penetrated by blood or other potentially infectious materials shall be removed as soon as possible and placed into a leak-proof bag or container and be disposed of in accordance with the procedures obtained from the OOE Nurse Consultant.
5. Careful hand washing remains the single most important personal hygiene practice to prevent the spread of disease and includes the following steps:
 - a. use of an antiseptic soap;
 - b. vigorous washing under running water for at least 10 to 15 seconds;
 - c. rinsing under running water; and

- d. drying with paper towels.
6. Gloves shall be worn for touching blood and body fluids, mucous membranes or non-intact skin, for handling items contaminated with blood and body fluids and/or when contact with blood and body fluids is anticipated.
 - a. Any person with open skin areas, chapped or abraded skin or weeping lesions on their hands shall wear gloves during any contact with students/infants/toddlers or equipment.
 - b. The gloves shall be made of vinyl or nitrile.
 - c. Prior to putting on gloves, a person shall wash his/her hands for at least 15 seconds with soap which is delivered from a dispenser.
 - d. Gloves are intended for single use only and shall be changed after contact with each student/infant/toddler or with any contaminated material.
 - e. Gloves shall immediately be discarded if they become torn, punctured or have lost their ability to function as a barrier.
 - f. Hands shall be washed immediately and thoroughly when gloves are removed.
 - g. There is no need for double gloving.
 - h. Gloves shall be discarded in a covered, plastic-lined trash receptacle.
 7. During extreme circumstances/major events such as those requiring the use of the School Emergency Kit, staff shall use additional barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
 8. The following table identifies activities and contacts which require gloves and/or hand washing. At the discretion of the staff member, gloves may also be used when not required; however, wearing gloves when clearly *not* indicated is disrespectful to the dignity of the students and is strongly discouraged.

BODY FLUID OR CIRCUMSTANCE	GLOVES REQUIRED	HANDWASHING REQUIRED
Blood	X	X
Fluid Containing Blood	X	X
Urine	X	X
Stool with Obvious Blood	X	X
Stool	X	X
Vomit	X	X

Tears		X
Nasal Secretions		X
Oral Secretions	X	X
Diaper Changing	X	X
Environmental Surface Cleaning	X	X
Equipment Cleaning	X	X
Laundry Sorting	X	X
Mucous Membrane Contact	X	X

9. The use of **syringes, needles or other sharps** shall be in accordance with OOE Policy # 11 and the Nursing Handbook.
 - a. Bending, recapping, shearing or breaking a syringe or needle is prohibited.
10. A DCF Regional School which has a student(s) requiring the actual or potential use of a needle or syringe shall implement the process to register as a “Medical Waste Generator” in accordance with the directions provided by the OOE Nurse Consultant which shall be consistent with the procedures in the “Regulated Medical Waste (RMW) Guidance” document developed by and maintained at the DCF OOE.
11. The school’s nurse shall dispose of syringes and needles or any other sharps by placing them in a **commercially-made** “sharps container” that is rigid, leak-resistant, impervious to moisture, sufficiently strong to prevent tearing or bursting under normal conditions of use and handling, sealable to prevent leakage during transport and puncture-resistant.
 - a. The container shall be labeled with the word “Biohazard” and the biohazard symbol.
 - b. The container shall be easily accessible and shall be located in the immediate area where injections are being administered.
 - c. The container shall be replaced at least annually by one of the methods specified by the OOE Nurse Consultant and shall not be allowed to overfill.
 - d. The container shall be securely closed and sealed prior to its removal from the building.
 - e. The school’s nurse shall arrange for the proper disposal of the sharps container, in consultation with the OOE Nurse Consultant.
12. During school hours, a staff member who utilizes an injection needle/syringe for his/her own medical needs as directed by a physician is responsible for the proper disposal of any used sharps in his/her own personal portable sharps container, which shall be taken home daily by the staff member.

13. Staff shall use the appropriate mechanical methods such as a dustpan and brush, tongs, a broom, etc. when cleaning up any broken, contaminated glassware. Staff shall never pick up any contaminated broken glass with their hands.

E. PROCEDURES: Disinfecting

1. Gloves shall be worn for all of the disinfecting procedures in this section.
2. The disinfecting procedure involves a three-step process:
 - a. Visible debris/dirt/soil is first cleaned from a surface area with a disposable towel/cloth/wipe.
 - b. A disinfectant is applied to the surface.
 - c. The surface is then allowed to air-dry.
3. Disposable cleaning materials shall be placed in a plastic bag and then discarded in a covered, plastic-lined receptacle.
4. Any nondisposable cleaning equipment (i.e. mops, brushes, etc.) shall be cleaned, rinsed in disinfectant and allowed to air dry.
5. Only those disinfecting solutions and/or products specified in this policy shall be used, unless approval is obtained from OOE the Manager of Operations to purchase and utilize a different solution/product.
6. A disinfecting solution of household bleach and water in a ratio of **2 liquid ounces (one-quarter cup) per gallon** shall be used for **routine disinfecting** on hard surface areas such as table tops and walls.
 - a. The bleach/water solution shall be prepared each day, because it is unstable.
 - b. Any unused solution shall be discarded at the end of each day, and the container shall be allowed to air dry.
7. A disinfecting solution of household bleach and water in a ratio of **12.8 liquid ounces (One and one-quarter cups) per gallon** shall be used to decontaminate hard surfaces which have been subject to **organic spill materials** such as blood, body fluids, stool, vomitus, etc.

- a. The organic material shall first be removed as thoroughly as possible with disposable towels before the disinfectant is applied.
 - b. The towels shall be placed in a plastic bag which shall be sealed and discarded.
 - c. The disinfecting process shall be continued as specified in 2. above.
 - d. Any unused solution shall be discarded at the end of each day, and the container shall be allowed to air dry.
8. Disinfecting wipes that do not contain bleach are preferred for sanitizing changing tables, swings, toys and softer surfaces which may quickly break down/be compromised by a bleach/water solution.
 - a. When a disinfecting wipe is used, the surface area being cleaned must be visibly wet; and
 - b. The surface must be allowed to air dry for a minimum of four minutes or longer, if specified in the manufacturer's directions.
 9. Several commercially available, EPA-registered disinfectants (i.e. Maxima 256 made by Brulin or Quat Disinfectant Cleaner made by 3M) may also be used.
 - a. These disinfectant cleaners may be more compatible with some equipment that might be damaged by repeated exposure to bleach solution and may be less irritating to students/staff.
 - b. Care should be taken to follow the manufacturer's directions.

F. PROCEDURES: Environmental Surfaces

1. Environmental surfaces and equipment contaminated with blood or body fluids, including vomitus, feces, urine or saliva, shall be promptly cleaned as thoroughly as possible with disposable towels and shall then be disinfected by using the 12.8 liquid ounces per gallon bleach/water solution, as noted above in E-5 or an EPA-registered disinfectant.
2. Counter tops, tables, standers, mats and other non-porous equipment shall be cleaned of visible debris and be disinfected between uses. Each day, this equipment shall be washed with detergent and disinfected with the 2 liquid ounces per gallon bleach/water solution or other appropriate EPA-registered disinfectant cleaner.

3. An EPA-registered disinfectant cleaner shall be used for disinfecting doorknobs, walls, floors and bathroom facilities on a routine basis. The effect of scrubbing to remove debris from these surfaces is as important as the antimicrobial effect of the cleaning agent used.
 - a. Floors and bathrooms shall be cleaned and disinfected daily.
 - b. Walls, doorknobs and other common surfaces shall be cleaned and disinfected on a weekly basis at a minimum.
4. Multiple-use areas (i.e. sinks, counters, cabinets, shelving located within classrooms) shall be maintained in a clean and organized manner.
 - a. All food and related equipment, serving ware, and utensils shall be stored separately from other items.
 - b. Counter and sink areas shall be cleaned and disinfected prior to and after food preparation and/or serving.
 - c. Activities such as eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas of the school where there is potential exposure to bloodborne pathogens (e.g. classroom for students with severe disabilities; nursery; etc.).
5. Classrooms which have the availability of two sinks shall designate one sink for the purpose of hand-washing following all student personal care (i.e. diaper changes, feeding).
6. Any surfaces on a school bus which are believed to be contaminated with a body fluid shall be cleaned and disinfected with the appropriate solution as soon as possible after the run is completed.

G. PROCEDURES: Equipment

1. Care of Small Equipment: After each use by a student or infant/toddler, staff shall clean small equipment such as toys, adaptive devices and other items by doing the following steps:
 - a. Wear gloves;
 - b. Remove visible debris;
 - c. Wash item with soap and water;
 - d. Soak in disinfecting solution for 15 minutes; and

- e. Air dry.
- 2. Care of Large Equipment, including changing tables: Staff members shall use a barrier protection (e.g. disposable Chux) to prevent contamination of equipment with saliva, urine, feces, blood or other body fluid. Staff members shall disinfect equipment after each student's or infant's/ toddler's use.
- 3. Mats shall be washed with soap and water and rinsed with disinfecting solution at the end of each day or more often, as needed, when they become soiled. Staff members using equipment are responsible for assuring the equipment is ready for the next student's or infant's/ toddler's use.
- 4. Reusable receptacles, such as trash pails, bins and cans, that may become contaminated with blood or other potentially infectious materials, shall be cleaned and decontaminated as soon as feasible upon detection of the same and, at a minimum, on a weekly basis for basic sanitary purposes.
- 5. Suctioning machines shall be cleaned and disinfected after each use, according to the manufacturer's directions.
- 6. Suctioning machines and other similar equipment/apparatus shall be protected from contamination by using a protective covering (e.g. plastic wrap or other impervious materials such as Chux), which shall be removed and replaced when they become overly contaminated.
- 7. Equipment which is damaged (e.g. broken, cracked) may harbor potentially infectious materials. The Education Supervisor (ES) shall determine the disposition of such equipment (i.e. repair, discard).

H. PROCEDURES: Laundry

- 1. Soiled laundry shall be handled as little as possible and shall be stored in closed containers.
 - a. Soiled laundry shall be sorted in the laundry area only and shall be transported in bags that prevent leakage.
 - b. Gloves shall be worn when sorting laundry.
- 2. When laundering, the satisfactory reduction of microbial contamination can be achieved at water temperatures lower than 160 degrees Fahrenheit if laundry chemicals suitable for low temperature washing are used at proper concentrations.

- a. All non-commercial normal washing and drying cycles including “hot” or “cold” cycles are adequate to ensure safety.
 - b. Instructions from the manufacturer of the washing machine on the use of detergents or wash additives and the individual directions contained on these products shall be closely followed.
3. The soiled, personal clothing of students and infants/toddlers shall be sent home in sealed plastic bags.
4. Textiles (i.e. blankets, pillow covers, bolster-covers) which are not individually owned or assigned shall be laundered after each use. *These types of items are not to be shared by students without having been laundered between each person's use.*
5. Personal textile items shall be folded and stored in labeled, individual, plastic bags and shall be laundered at least weekly.
6. The use of disposable bibs is encouraged.
 - a. Reusable plastic bibs shall be individually labeled.
 - b. If bibs are not sent home with laundry, they shall be rinsed, soaked in disinfecting solution for 15 minutes and allowed to air dry between each use.

I. PROCEDURES: Diapering

1. **AT ALL TIMES**, a sense of privacy shall be maintained.
2. With each change, a non-porous protective barrier shall be placed between the student or infant/toddler and the changing surface.
3. Staff members shall wash their hands before changing a diaper.
4. Staff members shall wear gloves when diapering students or infants/ toddlers.
5. A student or infant/toddler shall be appropriately cleaned with disposable cleansing pads and re-diapered.
6. Solid stool shall be flushed down the toilet.
7. Soiled diapers shall be disposed of in a closed container with a plastic liner.

8. Diapers contaminated with blood, blood in or on stool or menstrual blood shall be placed in a plastic bag and then discarded in a covered, plastic-lined receptacle. Alert the school's nurse when unexplained/unusual blood is observed.
9. Staff members shall wash their hands immediately and thoroughly before and after changing or toileting each student or infant/toddler.
10. Students and infants/toddlers shall have their hands washed immediately and thoroughly after changing or toileting.
11. Potty chairs shall be emptied of urine and feces (flush down toilet), washed and sanitized with either a commercial disinfectant spray or a prepared bleach solution, and then air-dried. The sink and faucet utilized when cleaning and disinfecting a potty chair shall also be immediately washed and disinfected.

J. PROCEDURES: Feeding

1. For safety reasons, as well as hygiene, students and infants/toddlers who are totally dependent for feeding shall be fed individually but should remain in a group setting.
2. Whenever possible, staff members shall avoid feeding students and infants/toddlers in carpeted areas.
3. Staff members shall wash their hands prior to food handling.
 - a. Students and infants/toddlers shall wash their hands or have their hands washed prior to eating.
 - b. Project TEACH students shall wash their hands and their child's hands prior to feeding their infants/toddlers.
4. Surface areas, such as table tops, work/feeding areas and counter tops, shall be disinfected prior to meal service.
5. Staff members shall wash their hands between feeding individual students.
6. Gloves shall be worn by staff members for feeding and brushing teeth when students have loose teeth, gums that bleed easily, or mouth lesions.
 - a. Each student shall have a separate toothbrush labeled with his/her name.
 - b. Toothbrushes shall be rinsed thoroughly and allowed to air dry.

- c. Toothbrushes shall be stored individually to prevent them from touching each other.
- 7. When there is an outbreak of contagious gastrointestinal disease, dishes and utensils shall be soaked in a disinfecting solution prior to returning them to the kitchen.
- 8. The faces and hands of students and infants/toddlers shall be washed after meals.
 - a. A separate cloth shall be used for each student or infant/toddler.
 - b. The use of disposable cloths is encouraged.
- 9. Surface areas, chairs, work/feeding areas and counter tops shall be cleaned and disinfected after meals.
- 10. Uneaten food shall be scraped into plastic bags which shall be sealed and placed in a closed container.
- 11. Plastic bibs shall be soaked in disinfecting solution for 15 minutes and allowed to air dry, or, when appropriate, sent home. Cloth bibs shall be placed in a closed laundry hamper for laundering or be sent home.

K. PROCEDURES: Transportation

- 1. Universal precautions and infection control shall be observed on the school bus during the transportation of students and infants/toddlers.
- 2. All school buses shall carry a supply of disposable gloves and aerosol or spray hand sanitizers/disinfectants which shall be used as needed during transport. Disposable gloves shall be included in each first aid kit.
- 3. Any environmental surfaces which are believed to have been contaminated with body fluid during transport shall be sanitized as soon as possible after the run has been completed.

L. PROCEDURES: Assurances

- 1. The school's nurse at each DCF Regional School shall be designated as the Exposure Control Officer and shall provide an annual in-service training to school staff about the principles of infection control and prevention and the proper handling of blood and body fluids which emphasizes the prevention of

HIV, HBV and HCV through the consistent implementation of universal precautions and post-exposure management.

- a. Newly hired staff shall receive the in-service training at the time of initial assignment.
- b. All in-service trainings conducted by the school's nurse shall be documented;
 - 1) The record of each training shall include the names of the staff who attended the training, the date of the training, the name and qualification of the trainer(s), and the contents of the training session.
 - 2) The training rosters shall be reviewed by the OOE Nurse Consultant and shall be maintained for a minimum of three years.
2. This policy shall be provided, upon request, to employees, parents and students.
3. Classrooms shall be supplied with adequate gloves, Chux, bibs and disinfecting products.
4. Staff, students and infants/toddlers who have open skin or weeping lesions, which cannot be adequately covered with a barrier protection, shall be required to remain at home until the lesion is closed.
5. Any exclusion of a student or infant/toddler from a DCF Regional School shall be based on objective criteria, including, but not limited to, medical or behavioral considerations which may result in an increased risk of transmission of a bloodborne pathogen to others.
 - a. In instances where the temporary exclusion of a student from school is indicated and agreed upon, the ES shall ensure the provision of appropriate educational services to the student.
 - b. Students with chronic infectious diseases whose behavior or physical condition preclude school attendance shall be routinely evaluated to assess the possibility of their return to the classroom.
 - c. If a student has been excluded from school for an extended period of time due to medical or behavioral considerations which have not been successfully ameliorated, the ES shall convene a meeting with the appropriate participants to try to resolve the issues and attempt to continue the student in the current program.

- 1) When the continuation of a tuition student in the Regional School is not feasible, the ES shall discuss and arrange for the student's return to his/her district of residence for educational programming in accordance with the procedures in OOE Policy # 36.
 - 2) When the continuation of a State Facilities Education Act (SFEA) day or residential student in the Regional School is not feasible, the ES shall discuss the matter with the Regional Administrator to determine the appropriate course of action.
- d. When the temporary or permanent exclusion of an infant/toddler is being considered, the ES shall discuss the matter with the appropriate participants to try to resolve the issues and possibly review the options for child care services.

M. PROCEDURES: Post-Exposure Management

1. Whenever a student, infant/toddler or staff member is believed to have been exposed to blood or other potentially infectious materials, the school's nurse shall provide interventions/first aid as appropriate, assuring that the universal precautions procedures for cleansing exposed areas have been implemented.
2. If a staff person has been exposed to blood or other potentially infectious materials:
 - a. The SLI/Worker's Compensation procedures shall be followed which includes immediately completing and processing an Employer's First Report of Accidental Injury or Occupational Disease ([RM-2](#)) form and referring the employee to a State-authorized physician for treatment;
 - b. The staff person shall be advised that he/she is not precluded from consulting with his/her personal health-care provider to determine the appropriate management of the exposure.
 - c. The ES or designee shall complete the OSHA 300 form, "Log of Work-Related Injuries and Illnesses," within seven calendar days of the occurrence of the event.
3. If a student or infant/toddler has been exposed to blood or other potentially infectious materials, the child's parent/guardian shall be advised to immediately consult the student's or infant's/toddler's personal health-care provider to determine the appropriate management of the exposure.
4. If the health-care provider of an employee, student or infant/toddler who was exposed to blood or other potentially infectious material at school asks the

school for information about the student who was the source of the exposure (source person), school staff shall adhere to the following procedures.

- a. Since the information is confidential and since the school may not possess comprehensive medical information for the source person, the health-care provider shall be informed that:
 - 1) the school will request the written consent of the parent/legal guardian to permit the school to release to the health-care provider the name of the student who is the source person and the contact information for the student's parent/legal guardian; and
 - 2) the health-care provider can then directly contact the source person's parent/legal guardian to request all needed information.
- b. The ES or designee shall contact the parent/legal guardian of the student who was the source of the exposure and explain that:
 - 1) a staff person, student or infant/toddler was exposed to their child's blood or other body fluid at school;
 - 2) the school has received a request for information from that person's health-care provider; and
 - 3) the written consent of the student's parent/legal guardian is needed for the school to release their child's name and their contact information to the health-care provider who can then communicate directly with them to obtain the necessary information.
- c. The ES or designee shall send the Release of Information for Post-Exposure Management form (Attachment 1) to the parent/legal guardian of the student who is the source person.
- d. When the school receives the completed Release of Information for Post-Exposure Management form signed and dated by the parent /legal guardian, the ES or designee shall disclose only the student's name and the name, address and telephone number of the student's parent/legal guardian to the health-care provider.
- e. The completed Release of Information for Post-Exposure Management form shall be maintained in the individual student record.
- f. If an employee or the parent/guardian of a student or infant/toddler, who was exposed to blood or other potentially infectious materials, asks the school for information about the source person:

- 1) the ES or designee shall not release any information to the employee or the parent/guardian;
 - 2) the ES or designee shall request that individual to have the appropriate health-care provider call the school; and
 - 3) if the health-care provider submits a request to the school for information, the ES or designee shall proceed in accordance with the above-outlined procedures.
5. The Exposure Incident Form (Attachment 2), as required by OSHA, shall be completed by the school's nurse.
- a. The Exposure Incident Form shall include:
 - 1) The route(s) of exposure and circumstances under which an exposure incident occurred.
 - 2) An evaluation of the policies and "failures to control" at the time of the exposure incident.
 - 3) The engineering controls in place at the time of the exposure incident.
 - 4) The work practices and protective equipment or clothing used at the time of the exposure incident.
 - b. The Exposure Incident Form shall be provided to the Supervisor of Education and the OOE Nurse Consultant for review and the recommendation of necessary actions.
 - c. A copy of the Exposure Incident Form and any resulting action report shall be maintained at the Regional School.

Debra Stewart
Director
Office of Education

Attachments

- [Attachment A-1:](#) Release of Information for Post-Exposure Management
[Attachment A-2:](#) Exposure Incident Form

Note: This is a reproduction of a signed document. The original document is on file with the DCF Office of Education.